	М	ULTIPL	E DEPI	ENDEN'	r clat	M	SERIAL				FILING	DATE	
	MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							APPLICANT(S) 09/7206					
							AIMS						
	AS FILED		AFTER 1st AMENDMENT		AETED			*		*			
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